



Iowa Department of Human Services

Terry E. Branstad
Governor

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Lt. Governor

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Director

INFORMATIONAL LETTER NO.1741-MC-FFS

DATE: November 22, 2016

TO: All Iowa Medicaid Nursing Facilities (NF)

APPLIES TO: Managed Care and Fee-for-Service

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Supplementation Submission

EFFECTIVE: Upon Receipt

Iowa Administrative Code 441 Chapter 81.10(5)"e"(11) requires that nursing facilities submit supplementation information annually to DHS by January 15 of each calendar year. **This is to be submitted even if supplementation was not utilized during the preceding calendar year.** The submitted information must include:

- The total number of nursing facility beds available at the nursing facility, the number of such beds available in private rooms, and the number of such beds available in other types of rooms.
- The average occupancy rate of the facility on a monthly basis.
- The total number of residents for whom supplementation was utilized.
- The average private pay charge for a private room in the nursing facility.
- For each resident for whom supplementation was utilized, the total charge to the resident for the private room, the portion of the total charge reimbursed under the Medicaid program, and the total charge reimbursed through supplementation.

The [Nursing Facility Supplementation Payment Report](#)¹ form 470-5383, was created in accordance with 2012 Iowa Acts Senate File (SF) 2160 to be used for the submission of supplementation information to the DHS. NFs shall use this form to report supplementation amounts, if any, received to provide Medicaid residents a private room.

This form is due no later than January 15 of each calendar year. An electronic copy of the form should be submitted to costaudit@dhs.state.ia.us.

If you have any questions, please contact the IME Provider Cost Audit at 1-866-863-8610 or email at costaudit@dhs.state.ia.us.

¹ <https://dhs.iowa.gov/sites/default/files/470-5383.xls>